Certificate of Need Request for Extension

CERTIFICATE OF NEED PROGRAM

AUG 1 4 2015

To request a six-month extension to incur a capital expenditure or above-ground construction, complete this form in its entirety. Also submit a completed Periodic Progress Report with this form if it is due at this time. Send this information by email to CONP@health.mo.gov (preferred), fax at 573-751-7894, nail to CONP, P.O. Box 570, Jefferson City, MO 65102. Request for extensions must be received in adequate time to allow for processing prior to the setting for which a decision is scheduled. seting for which a decision is scheduled.

Legal issues have been agreed to postpone construction until 2016 2. Briefly state the reason(s) for the extension request. same as above 3. What steps have been completed for the project to date and when were they completed? Date Completed Step Completed Step Completed nothing has been completed 4. What steps are needed in order incur a capital expenditure (above ground construction or equipment lease/purchase) for the project, and when will they be completed?	Date: 8-11-15		Here there is a few to the first	The state of the s		
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